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U.S. Department of Commerce		Patent and Trademark Office	
Commissioner for Patents Washington, DC 20231			Attorney Docket No. 11867/53
Application Number 09/977,655	Filing Date October 12, 2001	Examiner TBA	Group Art Unit 2182
Application Title ROUTING SWITCHER WITH VARIABLE INPUT/OUTPUT ARCHITECTURE			Inventor(s) John E. LIRON
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Office of Initial Patent Examiner's Customer Service Center, Washington, DC 20231 on			
Date of Deposit: <u>January 9, 2002</u>		Signature: <u>Barbara Vance</u> Barbara Vance	
REQUEST FOR CORRECTED FILING RECEIPT		RECEIVED FEB 08 2002 Technology Center 2100	
<p>Sir:</p> <p>Applicant hereby requests a corrected Filing Receipt in the above-referenced patent application. Applicant respectfully requests that the Attorney Docket No. be corrected as listed above and as follows:</p> <p style="text-align: center;">11867/53</p> <p>A copy of the Filing Receipt with the change shown in red is attached. Please issue a corrected filing receipt as requested above.</p> <p>Date: <u>January 9, 2002</u> Telephone: (408) 975-7500 Facsimile: (408) 975-7501</p> <p>By: <u>Shawn O'Dowd</u> Shawn W. O'Dowd (Reg. No. 34,687) Kenyon & Kenyon 333 W. San Carlos Street, Suite 600 San Jose, CA 95110-2711</p>			

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/977,655	10/12/2001	2182	412	11867/48	3	15	4

11867/53 CONFIRMATION NO. 3482

FILING RECEIPT



OC000000007076183

25693
KENYON & KENYON (SAN JOSE)
333 WEST SAN CARLOS ST.
SUITE 600
SAN JOSE, CA 95110

Date Mailed: 11/15/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

John E. Liron, Rough And Ready, CA;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/264,208 01/24/2001

Foreign Applications

If Required, Foreign Filing License Granted 11/15/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Routing switcher with variable input/output architecture

Preliminary Class

710

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Bib Data Sheet

CONFIRMATION NO. 3482

SERIAL NUMBER 09/977,655	FILING DATE 10/12/2001 RULE	CLASS 710	GROUP ART UNIT 2182	ATTORNEY DOCKET NO. 11867/53
APPLICANTS John E. Liron, Rough And Ready, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/264,208 01/24/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 15
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 25693				
TITLE Routing switcher with variable input/output architecture				
FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	